

230733

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

## Request to Cancel Class C Charter Certificate

Thomas C. Ard DBA Ard's Airport Shuttle Service

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

## DOCKET

NUMBER: 2001 - 427 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: BARBARA ARD

Telephone: 803 791-5767

Address: 13 Vashick Ct.

Fax: 903 955-3051

W. Col. - SC - 29172

Other: \_\_\_\_\_

Email: \_\_\_\_\_

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Application - Class C Taxi☒ Application - Class C Charter☐ Application - Class C Charter Bus☐ Application - Class C Non-Emergency☐ Application - Class C Stretcher Van☐ Application - Class E Household Goods☐ Application - Class E Hazardous Waste☐ Application☐ Request for Extension to Comply with Order☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☒ Request for Cancellation of Certificate☐ Request for Suspension☐ Request for Reinstatement☐ Request for Name Change on Certificate☐ Request to Amend Scope of Authority☐ Request to Amend Tariff (rate increase, etc.)☐ Request to Amend Passenger Limit☐ Request☐ Exhibit☐ Late-Filed Exhibit☐ Letter☐ Proposed Order☐ Publisher's Affidavit☐ Reservation Letter☐ Response☐ Return to Petition☐ Other: \_\_\_\_\_

RECEIVED

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T.T.W.W.W

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

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OFFICE OF THE

# Request for Cancellation of Certificate

## File the original with:

Public Service Commission of South Carolina  
Clerk's Office  
Motor Carrier Matters  
P.O. Box 11649  
Columbia, S.C. 29211  
(803) 896 - 5100  
FAX (803) 896-5199

## Mail or fax a copy to:

S.C. Office of Regulatory Staff  
Transportation Department  
1401 Main Street, Suite 900  
Columbia, S.C. 29201  
(803) 737-0578  
FAX (803) 737-0815

(X) DATE: 6-30-2011

Please consider this a request to cancel my:

- |   |   |
|---|---|
| <input type="checkbox"/> Class C Taxi Certificate               | <input type="checkbox"/> Class A Restricted Certificate |
| <input checked="" type="checkbox"/> Class C Charter Certificate |   |
| <input type="checkbox"/> Class C Charter Bus Certificate        |   |
| <input type="checkbox"/> Non-Emergency Certificate              |   |
| <input type="checkbox"/> Class E Household Goods Certificate    |   |
| <input type="checkbox"/> Class E Hazardous Wastes Certificate   |   |

My Certificate Number is 7163.

Thomas C. Ard  
(Name of Company)

DBA Ard's Airport Shuttle Service  
(If applicable)

(X) 134 Ashica Court  
(Street Address)

(X) same  
(Mailing Address if different from Street Address)

(X) West Columbia S.C.  
(City, State, Zip Code)

(X) 29172  
(City, State, Zip Code)

(X) 803 - 7915 161  
(Telephone Number)

(X) Barbara  
(Signature)

[2]

(X) G.M.  
(Title) Owner, President, etc.